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## Appendix B: BRFSS Questionnaire

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### Section 1: Health Status

- 1.1 Would you say that in general your health is:
- a. Excellent
  - b. Very good
  - c. Good
  - d. Fair
  - e. Poor
  - Don't know / Not sure
  - Refused
- 1.2 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
- \_\_\_ Number of days
- None
- Don't know / Not sure
- Refused
- 1.3 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
- \_\_\_ Number of days
- None (If Q1.2 also "None," go to Q2.1)
- Don't know / Not sure
- Refused
- 1.4 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?
- \_\_\_ Number of days
- None
- Don't know / Not sure
- Refused

### Section 2: Health Care Access

- 2.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?
- a. Yes
  - b. No
  - Don't know / Not
  - Refused
- 2.2 Do you have one person you think of as your personal doctor or health care provider?  
(If "No," ask: "Is there more than one or is there no person who you think of?")
- a. Yes, only one
  - b. More than one
  - c. No
  - Don't know / Not sure
  - Refused

- 2.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?
- a. Yes
  - b. No
  - Don't know/Not sure
  - Refused

### Section 3: Exercise

- 3.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?
- a. Yes
  - b. No
  - Don't know / Not sure
  - Refused

### Section 4: Diabetes

- 4.1 Have you ever been told by a doctor that you have diabetes?  
(If "Yes" and respondent is female, ask: "*Was this only when you were pregnant?*")
- a. Yes
  - b. Yes, but female told only during pregnancy
  - c. No
  - Don't know / Not sure
  - Refused

### Section 5: Hypertension Awareness

- 5.1 Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?
- (If "Yes" and respondent is female, ask: "*Was this only when you were pregnant?*")
- a. Yes
  - b. No (**Go to next section**)
  - Don't know / Not sure (**Go to next section**)
  - Refused (**Go to next section**)
- 5.2 Are you currently taking medicine for your high blood pressure?
- a. Yes
  - b. No
  - Don't know / Not sure
  - Refused

### Section 6: Cholesterol Awareness

- 6.1 Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?
- a. Yes
  - b. No (**Go to next section**)
  - Don't know / Not sure (**Go to next section**)
  - Refused (**Go to next section**)

- 6.2 About how long has it been since you last had your blood cholesterol checked?
- a. Within the past year (1 to 12 months ago)
  - b. Within the past 2 years (1 to 2 years ago)
  - c. Within the past 5 years (2 to 5 years ago)
  - d. 5 or more years ago
- Don't know / Not sure  
Refused
- 6.3 Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?
- a. Yes
  - b. No
- Don't know / Not sure  
Refused

## Section 7: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods **you** eat. Include all foods **you** eat, both at home and away from home.

- 7.1 How often do you drink fruit juices such as orange, grapefruit, or tomato?
- \_\_\_ Per day
  - \_\_\_ Per week
  - \_\_\_ Per month
  - \_\_\_ Per year
- Never  
Don't know / Not sure  
Refused
- 7.2 Not counting juice, how often do you eat fruit?
- \_\_\_ Per day
  - \_\_\_ Per week
  - \_\_\_ Per month
  - \_\_\_ Per year
- Never  
Don't know / Not sure  
Refused
- 7.3 How often do you eat green salad?
- \_\_\_ Per day
  - \_\_\_ Per week
  - \_\_\_ Per month
  - \_\_\_ Per year
- Never  
Don't know / Not sure  
Refused

7.4 How often do you eat potatoes not including French fries, fried potatoes, or potato chips?

\_\_\_ Per day  
\_\_\_ Per week  
\_\_\_ Per month  
\_\_\_ Per year  
Never  
Don't know / Not sure  
Refused

7.5 How often do you eat carrots?

\_\_\_ Per day  
\_\_\_ Per week  
\_\_\_ Per month  
\_\_\_ Per year  
Never  
Don't know / Not sure  
Refused

7.6 Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.)

\_\_\_ Per day  
\_\_\_ Per week  
\_\_\_ Per month  
\_\_\_ Per year  
Never  
Don't know / Not sure  
Refused

## Section 8: Weight Control

8.1 Are you now trying to lose weight?

a. Yes (**Go to Q8.3**)  
b. No  
Don't know / Not sure  
Refused

8.2 Are you now trying to maintain your current weight that is to keep from gaining weight?

a. Yes  
b. No (**Go to Q8.6**)  
Don't know / Not sure (**Go to Q8.6**)  
Refused (**Go to Q8.6**)

- 8.3 Are you eating either fewer calories or less fat to...
- lose weight? (If “Yes” to Q8.1)
- keep from gaining weight? (If “Yes”, to Q8.2)
- a. Yes, fewer calories
  - b. Yes, less fat
  - c. Yes, fewer calories and less fat
  - d. No
  - Don’t know / Not sure
  - Refused
- 8.4 Are you using physical activity or exercise to ....
- lose weight? (If “Yes” to Q8.1)
- keep from gaining weight? (If “Yes” to Q8.2)
- a. Yes
  - b. No Don’t know / Not sure Refused
- 8.5 How much would you like to weigh?
- \_\_\_ \_\_\_ \_\_\_ Weight
- pounds*
- Don’t know / Not sure
- Refused
- 8.6 In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?
- a. Yes, lose weight
  - b. Yes, gain weight
  - c. Yes, maintain current weight
  - d. No
  - Don’t know / Not sure
  - Refused

## Section 9: Asthma

- 9.1 Have you ever been told by a doctor, nurse or other health professional that you had asthma?
- a. Yes
  - b. No (Go to next section)
  - Don’t know / Not sure (Go to next section)
  - Refused (Go to next section)
- 9.2 Do you still have asthma?
- a. Yes
  - b. No
  - Don’t know / Not sure
  - Refused

## Section 10: Immunization

- 10.1 During the past 12 months, have you had a flu shot?
- a. Yes
  - b. No
  - Don't know / Not sure
  - Refused
- 10.2 Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.
- a. Yes
  - b. No
  - Don't know / Not sure
  - Refused

## Section 11: Tobacco Use

- 11.1 Have you smoked at least 100 cigarettes in your entire life?
- NOTE: 5 packs = 100 cigarettes**
- a. Yes
  - b. No (**Go to next section**)
  - Don't know / Not sure (**Go to next section**)
  - Refused (**Go to next section**)
- 11.2 Do you now smoke cigarettes every day, some days, or not at all?
- a. Everyday
  - b. Some days Not at all (**Go to next section**)
  - Refused (**Go to next section**)
- 11.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
- a. Yes
  - b. No
  - Don't know / Not sure
  - Refused

## Section 12: Alcohol Consumption

- 12.1 A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?
- \_\_\_ Days per week
- \_\_\_ Days in past 30
- No drinks in past 30 days (**Go to next section**)
- Don't know / Not sure
- Refused (**Go to next section**)

12.2 On the days when you drank, about how many drinks did you drink on the average?

\_\_\_ \_\_\_ Number of drinks  
Don't know / Not sure  
Refused

12.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

\_\_\_ \_\_\_ Number of times  
None  
Don't know / Not sure  
Refused

### Section 13: Excess Sun Exposure

The next question is about sunburns including anytime that even a small part of your skin was red for more than 12 hours.

13.1 Have you had a sunburn within the past 12 months?

a. Yes  
b. No **(Go to next section)**  
Don't know / Not Sure **(Go to next section)**  
Refused **(Go to next section)**

13.2 Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months?

a. One  
b. Two  
c. Three  
d. Four  
e. Five  
f. Six or more  
Don't know / Not sure  
Refused

### Section 14: Demographics

14.1 What is your age?

\_\_\_ \_\_\_ Code age in years  
Don't know / Not sure  
Refused

14.2 Are you Hispanic or Latino?

a. Yes  
b. No  
Don't know / Not sure  
Refused

14.3 Which one or more of the following would you say is your race?

- a. White
- b. Black or African American
- c. Asian
- d. Native Hawaiian or Other Pacific Islander
- e. American Indian, Alaska Native
- f. Other
- No Additional choices
- Don't know / Not sure
- Refused

**(If more than one response to Q14.3, continue. Otherwise, go to Q14.5)**

14.4 Which one of these groups would you say best represents your race?

- a. White
- b. Black or African American
- c. Asian
- d. Native Hawaiian or Other Pacific Islander
- e. American Indian or Alaska Native
- f. Other Don't know / Not sure Refused

14.5 Are you?

- a. Married
- b. Divorced
- c. Widowed
- d. Separated
- e. Never married
- f. A member of an unmarried couple
- Refused

14.6 How many children less than 18 years of age live in your household?

\_\_\_ Number of children  
None  
Refused

14.7 What is the highest grade or year of school you completed?

- a. Never attended school or only attended kindergarten
- b. Grades 1 through 8 (Elementary)
- c. Grades 9 through 11 (Some high school)
- d. Grade 12 or GED (High school graduate)
- e. College 1 year to 3 years (Some college or technical school)
- f. College 4 years or more (College graduate)
- Refused



14.8 Are you currently?

- a. Employed for wages
- b. Self-employed
- c. Out of work for more than 1 year
- d. Out of work for less than 1 year
- e. A Homemaker
- f. A Student
- g. Retired
- f. Unable to work
- Refused

14.9 Is your annual household income from all sources?

**(If respondent refuses at ANY income level, code 'Refused')**

- a. Less than \$25,000 (If "no," ask e; if "yes," ask b)  
(\$20,000 to less than \$25,000)
- b. Less than \$20,000 (If "no," code a; if "yes," ask c)  
(\$15,000 to less than \$20,000)
- c. Less than \$15,000 (If "no," code b; if "yes," ask d)  
(\$10,000 to less than \$15,000)
- d. Less than \$10,000 (If "no," code c)
- e. Less than \$35,000 (If "no," ask f)  
(\$25,000 to less than \$35,000)
- f. Less than \$50,000 (If "no," ask g)  
(\$35,000 to less than \$50,000)
- g. Less than \$75,000 (If "no," code h)  
(\$50,000 to less than \$75,000)
- h. \$75,000 or more
- Don't know / Not sure
- Refused

14.10 About how much do you weigh without shoes?

**(Round fractions up)**

\_\_\_ \_\_\_ Weight  
*pounds*  
Don't know / Not sure  
Refused

14.11 About how tall are you without shoes?

**(Round fractions down)**

\_\_\_/\_\_\_ Height  
*ft / inches*  
Don't know / Not sure  
Refused

14.12 What county do you live in?

\_\_\_ \_\_\_ FIPS county code  
Don't know / Not sure  
Refused

- 14.13 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.
- a. Yes
  - b. No (**Go to Q14.15**)
  - Don't know / Not sure (**Go to Q14.15**)
  - Refused (**Go to Q14.15**)
- 14.14 How many of these phone numbers are residential numbers?
- \_\_\_ Residential telephone numbers [**6=6 or more**]
- Don't know / Not sure
  - Refused
- 14.15 During the past 12 months, has your household been without telephone service for 1 week or more?
- a. Yes
  - b. No
  - Don't know/ Not sure
  - Refused
- 14.16 Indicate sex of respondent. Ask only if necessary.
- a. Male (**Go to next section**)
  - b. Female
- (**If respondent 45 years old or older, go to next section.**)
- 14.17 To your knowledge, are you now pregnant?
- a. Yes
  - b. No
  - Don't know / Not sure
  - Refused

## Section 15: Arthritis

- 15.1 "The next questions refer to your joints. Please do **NOT** include the back or neck. "**DURING THE PAST 30 DAYS**, have you had any symptoms of pain, aching, or stiffness in or around a joint?
- a. Yes
  - b. No (**Go to Q15.4**)
  - Don't Know / Not Sure (**Go to Q15.4**)
  - Refused (**Go to Q15.4**)
- 15.2 Did your joint symptoms **FIRST** begin more than 3 months ago?
- a. Yes
  - b. No
  - Don't Know / Not Sure (**Go to Q15.4**)
  - Refused (**Go to Q15.4**)
- 15.3 Have you **EVER** seen a doctor or other health professional for these joint symptoms?
- a. Yes
  - b. No
  - Don't Know / Not Sure
  - Refused

15.4 Have you **EVER** been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

- a. Yes
- b. No
- Don't Know / Not Sure
- Refused

**Interviewer note: Arthritis diagnoses include:**

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

**(If either Q15.2= a or Q15.4 = a then continue. Otherwise, go to next section)**

15.5 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

- a. Yes
- b. No
- Don't Know / Not Sure
- Refused

**(NOTE: If a respondent question arises about medication, then the interviewer should reply)**

***"Please answer the question based on how you are when you are taking any of the medications or treatments you might use."***

**\*If age is between 18-64 continue, otherwise go to next section**

15.6 "In this next question we are referring to work for pay." Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

**NOTE: If respondent says he\she is retired or out-of-work, reply: *"Did arthritis or joint symptoms cause you to stop working? That is, did it affect whether you work or not?"***

- a. Yes
- b. No
- Don't Know / Not Sure
- Refused

## Section 16: Falls

**To be asked only of people 45 years or older.**

“The next question asks about a recent fall. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.”

- 16.1 In the past 3 months, have you had a fall?
- a. Yes
  - b. No (**Go to next section**)
  - Don't know / Not sure (**Go to next section**)
  - Refused (**Go to next section**)
- 16.2 Were you injured? By injured, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.
- a. Yes
  - b. No
  - Don't know / Not sure
  - Refused

## Section 17: Disability

The following questions are about health problems or impairments you may have.

- 17.1 Are you limited in any way in any activities because of physical, mental, or emotional problems?
- a. Yes
  - b. No
  - Don't know / Not Sure
  - Refused
- 17.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

**Include occasional use or use in certain circumstances**

- a. Yes
- b. No
- Don't know / Not Sure
- Refused

## Section 18: Physical Activity

**If “employed” or “self-employed” to core Q14.8 continue, otherwise go to Q18.2.**

- 18.1 When you are at work, which of the following best describes what you do?  
Would you say?

**If respondent has multiple jobs, include all jobs**

- a. Mostly sitting or standing
- c. Mostly heavy labor or physically demanding work
- Don't know / Not sure
- Refused

We are interested in two types of physical activity – vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

- 18.2 Now, thinking about the moderate activities you do **[fill in (when you are not working,) if “employed” or self-employed]** in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?
- a. Yes  
b. No (**Go to Q18.5**)  
Don’t know / Not sure (**Go to Q18.5**)  
Refused (**Go to Q18.5**)
- 18.3 How many days per week do you do these moderate activities for at least 10 minutes?
- \_\_\_ Days per week  
Don’t know / Not sure (**Go to Q18.5**)  
Do not do any moderate physical activity for at least 10 minutes at a time (**Go to Q18.5**)  
Refused (**Go to Q18.5**)
- 18.4 On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?
- \_\_:\_\_ Hours and minutes per day  
Don’t know / Not sure  
Refused
- 18.5 Now, thinking about the vigorous activities you do **[fill in (when you are not working) if “employed” or “self-employed”]** in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?
- a. Yes  
b. No (**Go to next section**)  
Don’t know / Not sure (**Go to next section**)  
Refused (**Go to next section**)
- 18.6 How many days per week do you do these vigorous activities for at least 10 minutes at a time?
- \_\_\_ Days per week  
Don’t know / Not sure (**Go to next section**)  
Do not do any vigorous physical activity for at least 10 minutes at a time (**Go to next section**)  
Refused (**Go to next section**)
- 18.7 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?
- \_\_:\_\_ Hours and minutes per day  
Don’t know / Not sure  
Refused

## Section 19: Veteran's Status

The next question relates to military service in the United States Armed Forces, either in the regular military or in a National Guard or Reserve unit.

- 19.1 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?
- a. Yes
  - b. No (**Go to next section**)
  - Don't know / Not sure (**Go to next section**)
  - Refused (**Go to next section**)
- 19.2 Which of the following best describes your service in the United States military?
- a. Currently on active duty (**Go to next section**)
  - b. Currently in a National Guard or Reserve unit (**Go to next section**)
  - c. Retired from military service
  - d. Medically discharged from military service
  - e. Discharged from military service
  - Don't know / Not sure (**Go to next section**)
  - Refused (**Go to next section**)
- 19.3 In the last 12 months have you received some or all of your health care from VA facilities?
- a. Yes, all of my health care
  - b. Yes, some of my health care
  - c. No, no VA health care received
  - Don't know / Not sure
  - Refused

## Section 20: HIV / AIDS

**If respondent is 65 years old or older, go to next section.**

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you don't know.

- 20.1 A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby.
- a. True
  - b. False
  - Don't know / Not Sure
  - Refused
- 20.2 There are medical treatments available that are intended to help a person who is infected with HIV to live longer.
- a. True
  - b. False
  - Don't know / Not Sure
  - Refused

- 20.3 How important do you think it is for people to know their HIV status by getting tested?  
Would you say?
- a. Very important
  - b. Somewhat important
  - Or
  - c. Not at all important
  - Depends on risk
  - Don't know / Not sure
  - Refused
- 20.4 Have you ever been tested for HIV? Do not count tests you many have had as part of a blood donation.
- Include saliva tests**
- a. Yes
  - b. No (**Go to Q20.8**)
  - Don't know / Not Sure (**Go to Q20.8**)
  - Refused (**Go to 20.8**)
- 20.5 Not including blood donations, in what month and year was your last HIV test?
- NOTE: If response is before January 1985, code "Don't know".**
- \_\_\_ / \_\_\_ Code month and year
- Don't know / Not sure
- Refused
- 20.6 I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test?
- \_\_\_ Reason code
- a. It was required
  - b. Someone suggested you should be tested
  - c. You thought you may have gotten HIV through sex or drug use
  - d. You just wanted to find out whether you had HIV
  - e. You were worried that you could give HIV to someone
  - f. IF FEMALE: You were pregnant
  - g. It was done as a part of a routine medical check-up
  - h. Or you were tested for some other reason
  - Don't know / Not sure
  - Refused
- 20.7 Where did you have your last HIV test at, a private doctor or HMO office, at counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else?
- \_\_\_ Facility code
- a. Private doctor or HMO
  - b. Counseling and testing site
  - c. Hospital
  - d. Clinic
  - e. In a jail or prison (or other correctional facility)
  - f. Home
  - g. Somewhere else
  - Don't know / Not sure
  - Refused

20.8 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one.

You have used intravenous drugs in the past year  
You have been treated for a sexually transmitted or venereal disease in the past year  
You have given or received money or drugs in exchange for sex in the past year  
You had anal sex without a condom in the past year  
Do any of these situations apply to you?

- a. Yes
- b. No
- Don't know / Not Sure
- Refused

The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

20.9 In the past 12 months has a doctor, nurse or other health professional talked to you about preventing sexually transmitted diseases through condom use?

- a. Yes
- b. No
- Don't know / Not Sure
- Refused



## Optional Module: Diabetes

To be asked following core Q4.1 if response is “Yes”

1. How old were you when you were told you have diabetes?  
\_\_\_ Code age in years (**97 = 97 and older**)  
Don't know/ Not sure  
Refused
2. Are you now taking insulin?  
  
a. Yes  
b. No  
Refused
3. Are you now taking diabetes pills?  
  
a.  
Don't know / Not sure
4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.  
  
\_\_\_ Times per day  
\_\_\_ Times per week  
\_\_\_ Times per month  
\_\_\_ Times per year  
Never  
Don't know / Not sure  
Refused
5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.  
  
\_\_\_ Times per day  
\_\_\_ Times per week  
\_\_\_ Times per month  
\_\_\_ Times per year  
Never  
No feet  
Don't know / Not sure  
Refused
6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?  
  
Yes  
b. No  
Don't know / Not sure  
Refused

7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?
- \_\_\_ \_\_\_ Number of times (**76 = 76 or more**)
- None  
Don't know / Not sure  
Refused
8. A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"?
- \_\_\_ \_\_\_ Number of times (**76 = 76 or more**)
- None  
Never heard of hemoglobin A one C test  
Don't know / Not sure  
Refused
- If "no feet" to Q5, go to Q10**
9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?
- \_\_\_ \_\_\_ Number of times (**76 = 76 or more**)
- None  
Don't know/Not sure  
Refused
10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.
- a. Within the past month (anytime less than 1 month ago)  
b. Within the past year (1 month but less than 12 months ago)  
c. Within the past 2 years (1 year but less than 2 years ago)  
d. 2 or more years ago  
Never  
Don't know / Not sure  
Refused
11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?
- a. Yes  
b. No  
Don't know / Not sure  
Refused
12. Have you ever taken a course or class in how to manage your diabetes yourself?
- a. Yes  
b. No  
Don't know/Not sure  
Refused

## Optional Module: Women's Health

1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?  
  
Yes  
No (**Go to Q5**)  
Don't know/Not sure (**Go to Q5**)  
Refused (**Go to Q5**)
2. How long has it been since you had your last mammogram?  
  
a. Within the past year (anytime less than 12 months ago)  
b. Within the past 2 years (1 year but less than 2 years ago)  
c. Within the past 3 years (2 years but less than 3 years ago)  
d. Within the past 5 years (3 years but less than 5 years ago)  
e. 5 or more years ago  
Don't know / Not sure  
Refused
3. You said your most recent mammogram was “ ”. How long before **THAT** mammogram was the last one?  
  
a. Less than 12 months before  
b. 1 year but less than 2 years before  
c. 2 years but less than 3 years before  
d. 3 years but less than 5 years before  
e. 5 or more years before  
f. Has had only one mammogram  
Don't know / Not sure  
Refused
4. Many mammograms are done as a routine check-up. Sometimes a mammogram is done to check something that might be a problem, such as a lump or discomfort.  
  
**If Q3 coded “a-e”, “Don't know/Not sure” or “Refused” then ask:**  
  
a. Were either of your two most recent mammograms done to check a possible problem?  
  
**If Q3 coded “f” then ask:**  
  
b. Was your mammogram done to check a possible problem?  
  
a. Yes  
b. No  
Don't know / Not sure  
Refused
5. A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?  
  
a. Yes  
b. No (**Go to Q7**)  
Don't know / Not sure (**Go to Q7**)  
Refused (**Go to Q7**)

6. How long has it been since your last breast exam?
- a. Within the past year (anytime less than 12 months ago)
  - b. Within the past 2 years (1 year but less than 2 years ago)
  - c. Within the past 3 years (2 years but less than 3 years ago)
  - d. Within the past 5 years (3 years but less than 5 years ago)
  - e. 5 or more years before
- Don't know / Not sure  
Refused
7. A pap smear is a test for cancer of the cervix. Have you ever had a pap smear?
- a. Yes
  - b. No (**Go to Q10**)
- Don't know / Not Sure (**Go to Q10**)  
Refused (**Go to Q10**)
8. How long has it been since you had your last pap smear?
- a. Within the past year (anytime less than 12 months ago)
  - b. Within the past 2 years (1 year but less than 2 years ago)
  - c. Within the past 3 years (2 years but less than 3 years ago)
  - d. Within the past 5 years (3 years but less than 5 years ago)
  - e. 5 or more years before
- Don't know / Not sure  
Refused
9. Was your last pap smear done as a part of a routine exam, or to check a current or previous problem?
- a. Routine exam
  - b. Check current or previous problem
  - c. Other
- Don't know / Not sure  
Refused
- NOTE: If response to core Q14.17 = a (is pregnant) then go to next module.**
10. Have you had a hysterectomy?
- "A hysterectomy is an operation to remove the uterus (womb)."
- a. Yes
  - b. No
- Don't know / Not sure  
Refused

## Optional Module: Childhood Asthma

(If “No children” to core Q14.6, go to next module)

1. Earlier you said there were (*fill in number from core Q14.6*) children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma?

\_\_ \_\_ Number of children

None (**Go to next module**)

Don’t know / Not sure (**Go to next module**)

Refused (**Go to next module**)

2. (**Fill in** (*Does this child/How many of these children*) **from Q1**) still have asthma?

**If only one child from Q1 and response is “Yes” to Q2 code ‘01’. If response is “No” code ‘None’.**

\_\_ \_\_ Number of children

None

Don’t know / Not sure

Refused

## Optional Module: Binge Drinking

**Note: Ask if Core Q12.3 = 1-30 (or does not equal 77,88,99)**

The next questions are about the most recent occasion when you had 5 or more alcoholic beverages. One alcoholic beverage is equal to a 12-ounce beer, a 4-ounce glass of wine, or a drink with 1 shot of liquor.

**NOTE: “Occasion means, ‘in a row’ or ‘within a few hours’.”**

**NOTE: If the respondent asks about how to count an over-sized drink (e.g., a 40-ounce bottle of malt liquor), then repeat: “One alcoholic beverage is equal to a 12-ounce beer, a 4-ounce glass of wine, or a drink with 1 shot of liquor”.**

1. During the most recent occasion when you had 5 or more alcoholic beverages, about **how many beers**, including malt liquor, did you drink?

**(Round up)**

\_\_ \_\_ Number

None

Don’t know / Not sure

Refused

2. During the same occasion, about **how many glasses of wine**, including wine coolers, hard lemonade, or hard cider, did you drink?

**NOTE: Flavored malt beverages other than hard lemonade or hard cider (e.g., Smirnoff Ice and Zima, etc.) should be counted as wine.**

**(Round up)**

\_\_ \_\_ Number

None

Don’t know / Not sure

Refused

3. During the same occasion, about **how many drinks of liquor**, including cocktails, did you have?

**(Round up)**

\_\_ \_\_ Number

None

Don't know / Not sure

Refused

4. During this most recent occasion, **where were you** when you did **most** of your drinking?

a. At your home, for example, your house, apartment, condominium, or dorm room

b. At another person's home

c. At a restaurant or banquet hall

d. At a bar or club

e. At a public place, such as at a park, concert, or sporting event

f. Other

Don't know / Not sure

Refused

5. During this most recent occasion, **how did you get most** of the alcohol?

a. Someone else bought it for me or gave it to me

b. I bought it at a store, such as a liquor store, convenience store, or grocery store

c. I bought it at a restaurant, bar or public place

d. Other

Don't know / Not sure

Refused

6. Did you drive a motor vehicle, such as a car, truck, or motorcycle **during or within a couple of hours after** this occasion?

a. Yes

b. No

Don't know / Not sure

Refused

## SOUTH DAKOTA'S 2003 STATE-ADDED QUESTIONS

(Questions S3, S4, S5, S6, S7, S44, S45, S46, and S47 were only asked for part of the year)

### HEALTH CARE COVERAGE

**If "a" to Q. 2.1 in Section 2, continue. Otherwise go to Q. S2.**

Earlier you were asked some questions about your health care coverage. We'd now like to ask you some more questions on this topic.

S1. What type of health care coverage do you use to pay for most of your medical care?

Is it coverage through:

- a. Your employer
- b. Someone else's employer
- c. A plan that you or someone else buys on your own
- d. Medicare
- e. Medicaid or Medical Assistance
- f. The military, CHAMPUS, TriCare, or the VA
- g. The Indian Health Service
- h. Some other source
- None
- Don't know/Not sure
- Refused

**Go to Q. S3.**

**If "b" to Q. 2.1 in Section 2, continue. Otherwise go to Q. S8.**

S2. Earlier you indicated that you did not have any type of health care coverage, but there are some types of coverage you may not have considered. Please tell me if you have any of the following:

Coverage through:

- a. Your employer
- b. Someone else's employer
- c. A plan that you or someone else buys on your own
- d. Medicare
- e. Medicaid or Medical Assistance
- f. The military, CHAMPUS, TriCare, or the VA
- g. The Indian Health Service
- h. Some other source
- None (**Go to Q. S5**)
- Don't know/Not sure (**Go to Q. S8**)
- Refused (**Go to Q. S8**)

S3. Do you think you have adequate health care coverage or insurance?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

S4. Does your health insurance cover medicines prescribed by a doctor?

- a. Yes
- b. No
- Don't know/Not sure
- Refused

S5. About how long has it been since you last visited a doctor for a routine checkup?

**A routine  
checkup is a  
general phys-  
ical exam, not  
an exam for  
a specific  
injury, illness  
or condition**

- a. Within the past year (anytime less than 12 months ago)
- b. Within the past 2 years (1 year but less than 2 years ago)
- c. Within the past 5 years (2 years but less than 5 years ago)
- d. 5 or more years ago
- Don't know/Not sure
- Never
- Refused

**If Q. S2 = 'None', continue, otherwise go to Q. S8.**

S6. What is the main reason you are without health care coverage?

\_\_\_ Reason code

- a. Lost job or changed employers
- b. Spouse or parent lost job or changed employers  
(includes any person who had been providing insurance prior to job loss or change)
- c. Became divorced or separated
- d. Spouse or parent died
- e. Became ineligible because of age or because left school
- f. Employer doesn't offer or stopped offering coverage
- g. Cut back to part time or became temporary employee
- h. Benefits from employer or former employer ran out
- i. Couldn't afford to pay the premiums
- j. Insurance company refused coverage
- k. Lost Medicaid or Medical Assistance eligibility
- Other
- Don't know/Not sure
- Refused

S7. About how long has it been since you had health care coverage?

- a. Within the past 6 months (anytime less than 6 months ago)
- b. Within the past year (6 months but less than 12 months ago)
- c. Within the past 2 years (1 year but less than 2 years ago)
- d. Within the past 5 years (2 years but less than 5 years ago)
- e. 5 or more years ago
- Don't know/Not sure
- Never
- Refused

## **DIABETES**

**If "a" to Q. 4.1 in Section 4, continue. Otherwise, go to Q. S10.**

Earlier you were asked some questions about your diabetes. At this time we would like to ask you two more questions on this topic.



S8. Have you ever had a test for small amounts of protein (microalbumin) in your urine?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

S9. About how many times in the last year have you seen a dentist for a check-up?

- \_ \_ Number of times
- None
- Don't Know/Not Sure
- Refused

## **WOMEN'S HEALTH**

**If "b", "c", "d", or "e" to Q. 2 in Module 3, continue. Otherwise, go to Q. S11.**

Earlier in this survey we talked about mammograms.

S10. What is the most important reason you did not have a mammogram in the past year?

- a. Not recommended by doctor/doctor never said it was needed
- b. Not needed/Not necessary
- c. Never heard of mammogram
- d. Cost
- e. No insurance to pay for it
- f. Procrastination
- g. Other
- Don't Know/Not Sure
- Refused

**If "a" to Q. 1 in Module 3 and "a", "Don't know/Not sure", or "Refused" to Q. 2 in Module 3, please show the following statement for the interviewer to read before Q. S11. Otherwise go to skip statement below.**

Earlier in this survey we talked about mammograms.

**If "a" to Q. 1 in Module 3, continue. Otherwise to go Q. S12.**

S11. Whose idea was it for you to have your last mammogram---was it your idea, your doctor's idea or someone else's idea?

- a. Respondent's idea
- b. Doctor's idea
- c. Someone else's idea
- Don't Know/Not Sure
- Refused

S12. Have you heard about the Breast and Cervical Cancer Control Program, otherwise known as "All Women Count", that pays for Pap smears and mammograms for women who meet certain age and income guidelines?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

## IMMUNIZATION

**If "b" to Q. 10.1 in Section 10, continue. Otherwise, go to Q. S14.**

- S13. Earlier you indicated that you did not receive a flu shot in the past 12 months. What was the main reason that you did not get a flu shot?
- a. Not recommended by doctor
  - b. Didn't think I needed one
  - c. Not physically able to get to the clinic
  - d. Vaccine not available/clinic didn't get their shipment
  - e. Didn't think of it / forgot / missed it
  - f. Shot could give me the flu / allergic reaction / health problems
  - g. Other
- Don't know/Not sure  
Refused

## TOBACCO USE

- S14. Do you currently use chewing tobacco or snuff every day, some days, or not at all?
- a. Every day
  - b. Some days
  - c. Not at all
- Don't know / Not sure  
Refused

**If "a" to Q. 11.1 in Section 11, continue. Otherwise, go to Q. S18.**

- S15. Earlier you indicated that you had smoked at least 100 cigarettes in your entire life. How old were you when you first started smoking cigarettes regularly?
- \_\_\_ \_\_\_ Code age in years
- Never smoked regularly (**Go to Q. S18**)  
Don't know/Not sure  
Refused

**If "a" or "b" to Q. 11.2 in Section 11, continue. Otherwise, go to Q. S18.**

- S16. In the past 12 months, have you seen a doctor, nurse or other health professional to get any kind of care for yourself?
- a. Yes
  - b. No (**Go to Q. S18**)
- Don't know / Not sure (**Go to Q. S18**)  
Refused (**Go to Q. S18**)
- S17. In the past 12 months, has a doctor, nurse or other health professional advised you to quit smoking?
- a. Yes
  - b. No
- Don't know / Not sure  
Refused

## CHILDREN'S HEALTH INSURANCE

**If the total number of children (ages 0-17) is less than or equal to 1, continue. Otherwise, go to Q. S19.**

S18. How many 18 year olds live in your household?

- |          |                  |
|----------|------------------|
| a. One   | f. Six           |
| b. Two   | g. Seven or more |
| c. Three | None             |
| d. Four  | Refused          |
| e. Five  |                  |

**If the total number of children (0-18) is greater than zero according to Q. 14.6 and Q. S18, continue. Otherwise, go to Q. S44.**

Now I'd like to ask a few questions about the child in your household that is 18 or younger and has had the most recent birthday.

S19. What is the age of this child?

**Enter the age of child (0-18)**

Don't know/Not sure  
Refused

S20. Does this child have health coverage?

- a. Yes
- b. No (**Go to Q. S22**)
- Don't Know/Not Sure (**Go to Q. S30**)
- Refused (**Go to Q. S30**)

S21. What type of health care coverage do you use to pay for most of this child's medical care ? Is it coverage through: Your employer; Someone else's employer; A plan that you or someone else buys on your own; Medicare; Medicaid, CHIP, or Medical Assistance ; The military, CHAMPUS, TriCare or the VA; The Indian Health Service [IHS] or Some other source?

Enter the coverage code

- a. Your employer
- b. Someone else's employer
- c. A plan that you or someone else buys on your own
- d. Medicare
- e. Medicaid, CHIP, or Medical Assistance
- f. The military, CHAMPUS, TriCare, or the VA
- g. The Indian Health Service
- h. Some other source
- None
- Don't know/Not sure
- Refused

**If "e" to Q. S21, go to Q. S29, otherwise go to Q. S30.**

S22. There are some types of coverage you may not have considered, Please tell me if this child is covered by any of the following. Coverage through: Your employer; Someone else's employer; A plan that you or someone else buys on your own; Medicare; Medicaid, CHIP, or Medical Assistance; The military, CHAMPUS, TriCare or the VA; The Indian Health Service [IHS] or Some other source ?

Enter the coverage code

- a. Your employer (**Go to Q. S30**)
- b. Someone else's employer (**Go to Q. S30**)
- c. A plan that you or someone else buys on your own (**Go to Q. S30**)
- d. Medicare (**Go to Q. S30**)
- e. Medicaid, CHIP, or Medical Assistance (**Go to Q. S29**)
- f. The military, CHAMPUS, TriCare, or the VA (**Go to Q. S30**)
- g. The Indian Health Service (**Go to Q. S30**)
- h. Some other source (**Go to Q. S30**)
- None
- Don't know/Not sure (**Go to Q. S30**)
- Refused (**Go to Q. S30**)

S23. Has this child been refused health coverage due to his or her health status?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

S24. Is this child without health coverage because of the loss of someone's employment?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

S25. Is this child without health coverage due to any more of the following?

- a. Employer dropped coverage?
- b. Cost of premiums?
- c. High deductibles?
- d. Don't think it's necessary to have health coverage for this child ?

- Yes
- No
- Don't know/Not sure
- Refused

- S26. Please indicate if any of the following occurred in the last year due to this child's lack of health coverage.
- a. Went without medical care when sick or injured, but probably should have received medical care.
  - b. Medical care was delayed when the child was sick or injured and probably should have received care sooner.
- Yes  
No  
Don't know/Not sure  
Refused
- S27. About how long has it been since this child last visited a doctor for a routine checkup or physical examination ?
- a. Within the past year (1 to 12 months ago)
  - b. Within the past 2 years (1 to 2 years ago)
  - c. Within the past 5 years (2 to 5 years ago)
  - d. 5 or more years ago
- Don't know/Not sure  
Never  
Refused
- S28. Who primarily pays for medical care for this uninsured child ?

**INTERVIEWER: Parent(s) includes caretaker parent and/or absent parent. Other includes private foundation, charitable organization, provider write-off, and etc...**

- a. Parent(s)
  - b. Other relative
  - c. County
  - d. Other
- Don't know/Not sure  
Refused

**Go to Q. S30**

- S29. Have you dropped or reduced private health coverage for this child because of the availability of public assistance?
- a. Yes
  - b. No
- Don't Know/Not Sure  
Refused

## CHILDREN'S ORAL HEALTH

- S30. How long has it been since this child last visited the dentist or a dental clinic?
- a. Within the past year (1 to 12 months ago) **(Go to Q. S32)**
  - b. Within the past 2 years (1 to 2 years ago)
  - c. Within the past 5 years (2 to 5 years ago)
  - d. 5 or more years ago
- Don't Know/Not Sure **(Go to Q. S32)**  
Never  
Refused **(Go to Q. S32)**
- S31. What is the main reason this child has not visited the dentist in the last year?
- a. Fear, apprehension, nervousness, pain, dislike going
  - b. Cost
  - c. Do not have/know a dentist
  - d. Cannot get to the office/clinic (too far away, no transportation, no appointments available)
  - e. No reason to go (no problems, no teeth)
  - f. Other priorities
  - g. Have not thought of it
  - h. Other
- Don't Know/Not Sure  
Refused
- S32. Do you have any kind of insurance coverage that pays for some or all of this child's routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicare?
- a. Yes
  - b. No
- Don't Know/Not Sure  
Refused
- S33. During the past 6 months, did this child have a toothache more than once, when biting or chewing?
- a. Yes
  - b. No
- Don't know/Not sure  
Refused

**If "Never" to Q. S30, go to Q. S35. Otherwise, continue.**

- S34. What was the main reason that this child last visited a dentist?
- a. Went in on own for check-up, examination, or cleaning
  - b. Was called in by the dentist for check-up, examination, or cleaning
  - c. Something was wrong, bothering, or hurting
  - d. Went for treatment of a condition that dentist discovered at earlier check-up or examination
  - e. Other
- Don't know/Not sure  
Refused

## **CHILD INJURY**

**If child is 8 or younger according to Q. S19, continue. Otherwise go to Q. S36.**

- S35. How often does this child use a car safety seat?
- a. Always
  - b. Nearly always
  - c. Sometimes
  - d. Seldom
  - e. Never
  - f. Never uses car safety seat, uses seat belt instead
  - Don't know/Not sure
  - Never rides in a car
  - Refused

**If child is 5-8 years of age according to Q. S19, continue. Otherwise, go to Q. S37.**

- S36. How often does this child use a booster seat in the car?
- a. Always
  - b. Nearly always
  - c. Sometimes
  - d. Seldom
  - e. Never
  - f. Never uses booster seat, uses seat belt instead
  - Don't know/Not sure
  - Never rides in a car
  - Refused

**Go to Q. S38**

**If child is 9-17 years of age according to Q. S19, continue. Otherwise, go to Q. S38.**

- S37. How often does this child use a seatbelt?
- a. Always
  - b. Nearly always
  - c. Sometimes
  - d. Seldom
  - e. Never
  - f. Don't know/Not sure
  - Never rides in a car
  - Refused

**If child is 5-17 years of age according to Q. S19, continue. Otherwise, go to Q. S40.**

- S38. Does this child have access to a helmet for activities such as biking, rollerblading, skateboarding, horseback riding, and etc.?
- a. Yes
  - b. No (**Go to Q. S40**)
  - Don't know/Not sure (**Go to Q. S40**)
  - Refused (**Go to Q. S40**)

S39. During the last year how often did you require your child to wear his or her helmet when doing these activities?

- a. Always
- b. Nearly always
- c. Sometimes
- d. Seldom
- e. Never
- Don't know/Not sure
- Never participated in these activities
- Refused

#### CHILDHOOD DIABETES

S40. Earlier you said there were [fill in number from core Q.14.6] children age 17 or younger living in your household. How many of these children have ever been diagnosed with diabetes by a doctor.

-- Number of children

- None (**Go to Q. S42**)
- Don't know/Not sure (**Go to Q. S42**)
- Refused (**Go to Q. S42**)

S41. What is the type of diabetes?

- a. Type 1
- b. Type 2
- c. Both
- d. No more selections
- Don't know/Not sure
- Refused

#### CHILDREN'S SPECIAL HEALTH CONDITIONS

S42. Do any children in your household have any conditions which limit their activities or require ongoing medication [**If "1" or more to Q. S40 add the following to this question**] other than diabetes?

- a. Yes
- b. No (**Go to Q. S44**)
- Don't Know/Not Sure (**Go to Q. S44**)
- Refused (**Go to Q. S44**)



S43. Could you please list these conditions?

**Mark all that apply**

- a. Asthma
- b. Cerebral palsy
- c. Heart defect
- d. Cleft lip or palate
- e. Cancer
- f. Epilepsy or seizures
- g. Kidney disease
- h. Down's Syndrome
- i. Cystic fibrosis
- j. Spina bifida
- k. Hearing loss
- l. Hemophilia
- m. Scoliosis
- n. Arthritis
- o. All other conditions
- Don't know/Not sure
- No other conditions
- Refused

**FOOD SAFETY**

S44. In the past 7 days, how many meals did you eat from restaurants or fast-food services?

**Enter number of meals**

- Don't know/Not sure
- None
- Refused

**FARM INJURY**

S45. Do you live or work on a farm ?

- a. Yes
- b. No (**Go to Closing Statement**)
- Don't Know/Not Sure (**Go to Closing Statement**)
- Refused (**Go to Closing Statement**)

S46. During the past year, have you or a member of your immediate family been injured in a farm accident that required medical attention ?

If 'yes,' probe for which.

- a. Yes, self
- b. Yes, immediate family member
- c. Yes, both self and immediate family member
- d. Not on a farm in the past year
- e. No
- Don't Know/Not Sure
- Refused

**If "b" or "c" to Q. S46 and at least one child in the household according to Q. 14.6, continue. Otherwise, go to Closing Statement.**

S47. Was the injured immediate family member a child 17 years old or younger?

a. Yes

b. No

Don't Know/Not Sure

Refused